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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/812626	
	Filing Date	3/29/2004	
	First Named Inventor	Aldrich et al.	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	3	Attorney Docket Number	MP1509

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b), Change of Power of Attorney, Change of Correspondence Address, and Change of Attorney Docket Number; and postcard		
<table border="1"><tr><td>Remarks</td><td>The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.</td></tr></table>			Remarks	The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	Michael D. Wiggins	Reg. No.	34,754
Signature					
Date	12/12/06				

EV 757 778 525 US



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/812626
Filing Date: 3/29/2004
Applicant: Aldrich et al.
Title: Look-up Table for Transfer Function
Old Attorney Docket: 042390.P19127
New Attorney Docket: MP1509

Director of the United States Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

**STATEMENT UNDER 37 CFR 3.73(b), CHANGE OF POWER OF ATTORNEY, CHANGE OF
CORRESPONDENCE ADDRESS, AND CHANGE OF ATTORNEY DOCKET NUMBER.**

1. STATEMENT UNDER 37 CFR 3.73(b).

Under 37 C.F.R. § 3.73(b), the undersigned hereby states that the below-named Assignee is an assignee in the above-identified Application:

Assignee: Marvell International Ltd.
Argyle House
41A Cedar Avenue
Hamilton, HM12, Bermuda

The documentary evidence of a chain of title from the original owner to the Assignee is provided in the Assignment Document(s):

From/To: Inventor to Intel Corporation
Reel No. 015188/0913

From/To: Intel Corporation to Marvell International Ltd.
Reel/Frame: 018515/0817

From/To:
Reel/Frame:

2. **REVOCATION OF PRIOR POWERS OF ATTORNEY.**

I hereby revoke all prior powers of attorney in this application.

3. **APPOINTMENT OF NEW POWER OF ATTORNEY**

I hereby appoint each practitioner at Customer No. **26703** my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

4. **CHANGE OF CORRESPONDENCE ADDRESS**

I request the Patent and Trademark Office to direct all correspondence and telephone calls relative to this application to:

**Harness, Dickey & Pierce, PLC.
P.O. Box 828, Bloomfield Hills, Michigan 48303
Telephone: (248) 641-1600
Fax: (248) 641-0270**

5. **CHANGE OF ATTORNEY DOCKET NUMBER**

I hereby request the Patent and Trademark Office to change the attorney docket number to **MP1509**.

The undersigned, whose title is supplied below, is empowered to sign this certificate on behalf of the assignee.

Date: 8 DEC. 2006

Signature: _____



Name: (Print) CAROL FEATHERS

Title: (Print) GENERAL MANAGER